



**ARIZONA STATE SENATE**  
*Fifty-Second Legislature, Second Regular Session*

**FACT SHEET FOR H.B. 2355**

opioid antagonists; prescription; dispensing; administration

Purpose

Allows a pharmacist to dispense without a prescription order and allows certain health professionals to prescribe or dispense naloxone hydrochloride or any other FDA-approved opioid antagonist to a person who is at risk of experiencing an opioid-related overdose or to others who are in a position to assist that person. Allows a person to administer an opioid antagonist to a person who is experiencing an opioid-related overdose. Outlines applicable liability immunity.

Background

Naloxone hydrochloride is an opioid antagonist that prevents or reverses the effects of opioids, including respiratory depression, sedation and hypotension (low blood pressure). Naloxone hydrochloride is an essentially pure opioid antagonist, meaning it does not possess the “agonistic” or morphine-like properties characteristic of other opioid antagonists. When administered in usual doses and in the absence of opioids or agonistic effects of other opioid antagonists, it exhibits essentially no pharmacologic activity. When naloxone hydrochloride is administered intravenously, the onset of action is generally apparent within two minutes; however, the duration of action is dependent upon the dose and route of administration of naloxone hydrochloride (dailymed.nlm.nih.gov).

Current statute allows an emergency medical care technician (EMT) or a trained peace officer, pursuant to a standing order issued by health professionals who are authorized to prescribe drugs, to administer naloxone hydrochloride or another FDA-approved opioid antagonist to a person whom the EMT or peace officer believes is suffering from an opioid-related drug overdose. Statute immunizes from professional liability and criminal prosecution a health professional who issues a standing order and EMTs and peace officers who administer naloxone hydrochloride for any decision made, act or omission or injury that results from that act if those persons act with reasonable care and in good faith, except in cases of wanton or willful neglect (A.R.S. § 36-2228).

There is no anticipated fiscal impact to the state General Fund associated with this legislation.

Provisions

***Pharmacist Dispensing***

1. Allows a pharmacist to dispense without a prescription order, according to protocols adopted by the Board of Pharmacy, naloxone hydrochloride or any other FDA-approved opioid antagonist for use according to the protocols specified by Board rule to a person who is at

risk of experiencing an opioid-related overdose or to a family member or community member who is in a position to assist that person.

2. Requires a pharmacist who dispenses naloxone hydrochloride or any other opioid antagonist to:
  - a) document the dispensing consistent with Board rules; and
  - b) instruct the individual to whom the opioid antagonist is dispensed to summon emergency services as soon as practicable either before or after administering the opioid antagonist.
3. States a pharmacist's authority to fill or refill a prescription for naloxone hydrochloride or any other FDA-approved opioid antagonist is not affected.
4. Immunizes from professional liability and criminal prosecution a pharmacist who dispenses an opioid antagonist for any decision made, act or omission or injury that results from that act if the pharmacist acts with reasonable care and in good faith, except in cases of wanton or willful neglect.

#### ***Health Professional Prescribing/Dispensing***

5. Allows a licensed medical doctor, doctor of osteopathy, a nurse practitioner who is authorized to prescribe drugs or any other health professional who has prescribing authority and who is acting within the health professional's scope of practice to, directly or by standing order, prescribe or dispense naloxone hydrochloride or any other FDA-approved opioid antagonist for use according to the protocol specified by the physician, nurse practitioner or other health professional to the following:
  - a) a person who is at risk of experiencing an opioid-related overdose;
  - b) a family member of that person who is at risk;
  - c) a community organization that provides services to persons who are at risk of an opioid-related overdose; or
  - d) to any other person who is in a position to assist a person who is at risk of experiencing an opioid-related overdose.
6. Requires a physician, nurse practitioner or other health professional who prescribes or dispenses naloxone hydrochloride or any other opioid antagonist to instruct the individual to whom the opioid antagonist is dispensed to summon emergency services as soon as practicable either before or after administering the opioid antagonist.
7. Immunizes from professional liability and criminal prosecution, except in cases of gross negligence, willful misconduct or intentional wrongdoing, a physician, nurse practitioner or other health professional who in good faith prescribes or dispenses an opioid antagonist for any decision made, act or omission or injury that results from that act if the physician, nurse practitioner or other health professional acts with reasonable care and in good faith.
8. Allows a physician, nurse practitioner or other health professional before prescribing an opioid antagonist to require the person receiving the prescription, as an indicator of good faith, to provide in writing a factual basis for a reasonable conclusion that the person or entity meets the description of a person or entity who is able to receive an opioid antagonist.

*Administration of Opioid Antagonists*

9. Allows a person to administer an opioid antagonist, in accordance with the protocol specified by the health professional or pharmacist, to a person who is experiencing an opioid-related overdose.
10. States a person who in good faith and without compensation administers an opioid antagonist to a person who is experiencing an opioid-related overdose is not liable for any civil or other damages as the result of any act or omission by the person rendering the care or as the result of any act or failure to act to arrange for further medical treatment or care for the person experiencing the overdose, unless the person rendering the care acts with gross negligence, willful misconduct or intentional wrongdoing.

*Miscellaneous*

11. States that a *person* includes an employee of a school district or charter school who is acting in the person's official capacity.
12. Requires a school district board to prescribe and enforce policies and procedures for the emergency administration of naloxone hydrochloride or any other FDA-approved opioid antagonist by an employee of a school district.
13. Makes technical and conforming changes.
14. Becomes effective on the general effective date.

House Action

HEALTH	1/26/16	DPA	6-0-0
3 <sup>rd</sup> Read	2/11/16		59-0-1

Prepared by Senate Research  
February 25, 2016  
EM/lis